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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	10	7		
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	0301	8 CERTIFICA	ALE OF DEATH	Reg. Dist. N	. 700
	PLACE OF DEATH O. COUNTY KENT	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	fore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MILLINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give n	earest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) SUSIE	MAY	ASHLEY 4. DATE OF DEATH	MARCH 1	3 19 5-7
	TEMPLE COLORED WIDOW	ED DIVORCED	Oct. 8, 1894 6	AGE (In years ost birthdoy) Months Days	Hours Min,
	OO. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEKEERNO	to ME	MD.	12. CITIZEN	OF WHAT COUNTRY?
	GEORGE WASH	INGTON	14. MOTHER'S MAIDEN NAME MARY MARY	RNER	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Tes, no or unknown) III yes, give wor or dates of service) 2	SOCIAL SECURITY NO. 17. 1 22-14-8583 7	Villiam R askle	y millingto	n mel.
	18. CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c). Le	umbgry	OF ON	SET AND DEATH
	Conditions, if ony, which gove rise to immediate	lypertun	n	4	ome year
	couse (o), stoting the under- lying couse lost. DUE TO	& Thoseler			2
	260x Diashe	E melita	NOT RELATED TO THE TERMINAL DISEASE CO		PERFORMED? YES NO
			D. (Enter nature of injury in Part 1 or Part II o		
	Hour o. m. While	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	town) (County	(Stote)
	21. I certify that I attended the decease alive an, 19	~ -	accurred at 3 A.M; fram the	ne causes and an the d	
	ACTUAL SIGNATURE COM KING	CerMu	M.D. Mullington	, city or town, state)	3.13.57
	PHYSICIAN'S GBZA K	ORALEWSK			/
	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3/17/37	MILLINGTO	N CEM. MILLIA	(City, town, or county) C-TON 24b, REGISTRAR'S SIGNAM	(Stole) D
-	Edward Fillows	Mellington	Meli PATE P 1 0 10	17 Cliz 11	Mulfordy

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMOR	RE, 18
03007	CERTIFICATE	OF DEATH	0

CITAL BECIDENCE AND A COLOR OF THE		1.		
OF DEATH	Reg. D	Dist. No.		019
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1.5	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If instituti		admission)
	KENT	MARYLAND	O. STATE MAR	Y LAND 6. COUNTY	KENT.	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write F	URAL and give neares	st town)
	CHESTERTOWN.	12 days	XO BARC	LAY		
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION)	oddress) /	d. STREET ADDRESS	1	е.	IS RESIDENCE ON A FARM?
L		N. ANNE'T HOS	} /			TES NO
3.	NAME OF First DECEASED (Type or print) LESLIE	Middle	BOOKER	4. DATE Mor	oth Day	Year 17
5	SEX 6. COLOR OR RACE 7. MARR	use of visus visus of	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF	195'/
	WIDOWE WIDOWE		FEB 24 18	10st/birthdoy) yrs.	11 1 -	Hours Min.
10c	. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	TEARMER		MARYL	ANT	USF	7.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
		OKER	NIC	KERSON		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, s. no. or unknown) [1] (If yes, give war ar dates of service)		NFORMANT	Add	ress	
	UNK		HOJPITAL	RECORDS.		
	1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).			INTERV	AL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	TERIOSCLER	UTIC HEAR	JUSEALE T	O.V.SET	AND DEATH
	440. DUE TO		127 128 191020			
	Conditions, if any, which) (b) GE	NERALIZET	O ARTERIA	CLEROSIS		cars
	gave rise to immediate cause (a), stating the under-					
-	lying cause lost. (c)					
Į į	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED2
Ş					Y	ES NO NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Pe	ort I or Port II of item 18.)		
MEDICAL		6-	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stole)
MED	While of world		ciory, sircer, ornice biog., erc.,			
	21. I certify that I attended the decease	ed from FEB 1	2 1957 to	1ARZ 195	Zthat I last saw	the deceased
	alive on MAR 2 195	2 , and that death	accurred at P = P	M, fram the causes		
	1001	7/	A	DDRESS (Street, city or town,		DATE SIGNED
	SIGNATURE (1.	1:	M.D. CH	ESTERTOL	LM INU	3.2.5)
	PHYSICIAN'S				~	(
	NAME (Type) /- PETHUR	T. KEEI	FL WR. MIR			
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county)	(State)
0	Junal 46/01	Budlereville	e md.	per la la la la		
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS //C/A	24a. REC'D	BY REGISTRAR 246 REGI	STRAR'S SIGNATURE	0
L	Edfor I. dane	rurensfell	Ma BATELLI	1-57 Cla	un XI	Same

BUREAU V. S.

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Reg. Dist. No. 202

1. PLACE OF 6. COUN	F DEATH ITY Kent			MAR	YLAND	2. USUAL RESIDENCE o. STATE		b. COUNTY	RHH)	een l	nna	
RURAL	ond give ned Chester		its, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OF YOWN		orate limits, write f	URAL and g	jive neares	t town)	1
d. NAME OR IN	OF HOSPITA	Kent & Qu				d. STREET ADDRES	R.TD			100	ON A F	ARM?
3. NAME OF	D		rst	Middle	e	Lost	4. DATE	Mor		Day	Ye	101
(Type or p	print)	WILLIA	-	T		BRAMBLE	DEATH	Mar		17		57
5. SEX	ale	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARR		8. DATE OF BIRTH April 2,	1884	9. AGE (In years last birthday) 72 yrs.	Manths Manths		UNDER laurs	24 HPS. Min.
Po	ultry	N (Give kind of working life, even if retired hat chery)	ultry hato		Marylan		country)		S.A.	WHAT (OUNTRY?
13. FATHER'S	SNAME					14. MOTHER'S MAID	EN NAME		183		- 17	
Ro	bertx	benjaka Br	amble			Mary	Woods					
15. WAS DEC	CEASED EVER	IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO	O. 17. II	NFORMANT		Add	ress			
N	D			No	Но	spital reco	rds & E	thel Bram	ble(w	ife)	hes	terto
		H WAS CAUSED BY:	Cor	ne for (a), (b), and (c)		is				INTERV ONSET	AL BETY AND D	WEEN MO
gove (tions, if on rise to im (o), stoting the couse lost.	mediate DUE TO	Pneu	monitis						3-4	da	ys
2	8. 111					NOT RELATED TO THE TO			EN IN PART		WAS AT PERFOR	MED?
	NTRIBUTING I	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		Chief How Hajori	JCCORREL	o. (emes notice of injury	, 111 1011 101 10	11 11 01 110111 10.)				
	E OF INJURY aur o. ji. p. m.	Month, Day, Ye	ar 20d. I While of wor	NJURY OCCURRED Not while of work	20e. PL/ fac	ACE OF INJURY (Home, stary, street, office bldg.,	form, 20f. (Cit	y or town)	(C	ounty)		(State)
ACTUAL SIGNATI	ON MARC	Hut.		ed from March	t death	195719	Ches	m the causes of treet, city or town, tertown			stated	
22a. BURIAL, REMOV		22b. DATE THEREO		22c, NAME OF CEA				tertown	4.0		(State)	
23 FUNERAL	DIRECTOR'S	SIGNATURE		Chester	town	, Md. 24a.1	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE	111	2000

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5	- 0	page 3 should at detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and moved be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hofrs after death.
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0000	3		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY KENT	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE NIAR VL AND b.	If institution: Residence before admission) COUNTY KENT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ELENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	
d. NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUTION CENT & ANN	ESS	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	CLEAVER DEATH	Month Day Year MHRCH 13 1957
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 1873 9. AGE last 8	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Home	PUSTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Cornelius Lan	us	14. MOTHER'S MAIDEN NAME,	caper
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yos. no. or unknown) (If yes, give wor or dotes of service)	OCIAL SECURITY NO. 17.	William Cleaver	Kennedgville met.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	at Lemourhage	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b)	Terial he	pertension +	may
couse (o), stoting the under- lying cause lost. DUE TO General Column Column	woodze P	ertiro selerosis) yeeus
PART II. OTHER SIGNIFICANT CONDITIONS CO			DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		RED. (Enter nature of injury in Part I or Part II of it	
Hour a. n. While	Not while of work	PLACE OF INJURY (Home, farm, 20f. (City or town factory, street, office bldg., etc.)	n) (Caunty) (State)
21. I certify that I attended the deceased alive on 3/13, 195	fram 3/5 2_, and that deat		., 19.07, that I last saw the decease causes and an the date stated above
ACTUAL SIGNATURE PLEATINGEN		ADDRESS (Street, cit	y or town, state) DATE SIGNE 3/13/5
	FARR	ma	
100000 march 16 1957	72c. NAME OF CEMETERY	of crematory 22d. Location is	leton (Store)
23. FUNERAL DIRECTOR'S SIGNATURE	lington ;	24a. REC'D BY REGISTRAR DATE AR 1 9 19	24b. REGISTRAPA SIGNATURE Dans Burnes

OFFICE OF DEATH

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MANAGER STORES DELICATION

MEDICAL

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH 02021

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-1	00001			Keg. Dist	. No.
	1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	. If institution: Residence	befare admission)
	b. CITY OR TOWN (If outside carporate limits, write c. I CHESTER VILLE	LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside carporate lie	nits, write RURAL and giv	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street addre OR INSTITUTION	ess)	d. STREET ADDRESS	(e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) EMMA First	Middle WHART	- DUVER 4. DATE OF DEATH A	PARCH	Doy Yeor 14 19 57
	5.5EX 6. COLOR OR RACE 7. MARRIED [TEMPLE WHITE WIDOWED S	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AG 8 8 8 8	L AL A	YEAR IF UNDER 24 HRS. Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) HOUSE KEEPING	OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State or foreign country)	12. CITIZ	S. A
	13. FATHER'S NAME O ACAB NEWHART		14. MOTHER'S MAIDEN NAME LNIKOWN		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17.	INFORMANT RS. MARY MESSIC	Address CHES	TERVILLEN
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r (0), (b), and (c).]	enerhope.		INTERVAL BETWEEN ONSET AND DEATH
	331X DUE TO Canditions, if ony, which) (b)	une teur	in		,
	gove rise to immediate cause (a), stating the under-lying cause last.	M when	g of the orbis	^	
	PART 11. OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE	RIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		HOW INJURY OCCURE	ED. (Enter noture of injury in Part I ar Port II af	item 18.)	
	Haur a. m. While	Nat while	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	wn) (Co	ounty) (Stote)
	21. 1 certify that I attended the deceased for	from busch	12, 1957, to hirely 14		ast saw the decease e date stated abov
	ACTUAL GLA LAWE	curly	ADDRESS (Street, o	ity ar tawn, state)	DATE SIGNE
	PHYSICIAN'S CEZA KOR	ALBUSK	(1)		/
	220. BURIAL, CREMATION, 226. DATE THEREOF BLRIAL 3/17/5-7	C. NAME OF CEMETERY HESTER	OR CREMATORY 228. LOCATION (City, town, ar county) -RTOWN	(Stote) ME
	23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	THE PROPERTY BY REGISTRAS	246. REGISTRAR'S SIGN	VATURE OF A

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retaine if the haspital or ottending physicion.

TO FUNERAL DIR OR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremotian, ar removal, and in any event within 72 hays offer death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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funeral director,

BUREAU V. S.

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VS A15 (4) 15M 9/55

1. PLACE

NAME DECEA (Type o 5. SEX mal 10a. USU/ durin

13. FATHE

15. WAS (NO. Or 18.

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	MARYL	AND STAT	E DEPARTM	ENT	OF H	EALTH	-BAL	TIMORE,	18		001	140
	03	010	CERTIFICA	ATE	OF D	EATH			Reg.	Dist. No	030	120
PLACE OF DEATH o. COUNTY	Kent		MARYLAND	2. U	STATE MA	ryla:	ere decease nd	d lived. If instit b. COUN		dence bef		ion)
b. CITY OR TOWN (I	f outside corporate limiterest town)	s, write c. LENG	th of stay in 16	x2			rtoW	rote limits, write	RURAL	nd give ne	carest town))
OR INSTITUTION	AL (If not in hospital, gueen Anne		a]	RI	STREET A		gnec)				FARM?
NAME OF DECEASED (Type or print)	Randolph	st	Middle	Ge	rner		4. DATE OF DEATH		Nonth	1957	,	Yeor 19
sex nale	6. COLOR OR RACE	7. MARRIED N	DIVORCED	B. DAT	y 4,	189	5	9. AGE (In year lost birthdo)			Hours	Min.
during most of worl	ON (Give kind of work of king life, even if retired)	done 10b. KIND OF		STRY 1	Vir	gini	or foreign c	ountry)	12.	CITIZEN		COUNTRY?
FATHER'S NAME	Unknown			14,	MOTHER'S	MAIDEN N	unkn	own				
WAS DECEASED EVE	R IN U. S. ARMED FOR- (If yes, give wor or dates of se	ces? 16. social s		NFORM	ANT Will	Eli	las	848 E	enn De I		s t.	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	DI.		T.	jui	on					ERVAL BE	
Conditions, if a	DUE TO	Pas.	eumoni	13 2						1	Mou	ith
gove rise to i couse (a), stating lying couse lost.	mmediote (Dus 70									6	Thou	rger
PART II. OTH	HER SIGNIFICANT CON	DITIONS CONTRIBU		0.0	Cas e	Lung		Real 4 Les		ART 1(o)	PERFO	AUTOPSY PRMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURRE	D. (Ente	r noture of	injury in P	art I or Par	t II of item [®] 1B.)				
20c. TIME OF INJUR Hour a. fi. p. m.	Y Manth, Day, Yea		while fa	clory, si	INJURY (H	ome, form, bldg., etc.)	20f. (City			(County		(Stote)
21. I certify th	at I attended the	deceased from	3/12		1957	to	3/	2/ 193	7 that	I last s	aw the	deceased

21. 19.5 7, and that death occurred at 12:26 7M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote)
Chestertown, Md. 3/22/57 ACTUAL SIGNATURE

Solnn Chestertown, Md. Thomas PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) 1957 (Big Woods) Chestertown, Fountain Cem. Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Chestertown, Md.

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Rog. Dist. No. _ / b. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Kent c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES NO KO Month Year DEATH March 25m 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA Prospect St. Chestertown. Md. INTERVAL BETWEEN ONSET AND DEATH 12 days ?? PERFORMED? YES NO (County) (State) that I last saw the deceased 10:30pM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

Chestertown,

(State)

24b. REGISTRAR'S SIGNATURE

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution:	Residence	e before admi	ssion)
Kent	MARYLAND	maryla maryla	nd s. cookii	K	ent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown	c. LENGTH OF STAY IN 16 9 years	c. CITY OR TOWN (If outs	town	AL ond gi	ve nearest tov	vn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Kent & Queen Ann	Hognital	d. street address / High St	. /		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Reuben	H Kepha	rt Lost	DATE OF Mar. 7	19	57°°	Yeor
5. SEX male 6. COLOR OR RACE 7. MARRI White Widowell	DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 14, 190	- lost histhday)	-	YEAR IF UNI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer E.1	KIND OF BUSINESS OF INDU		foreign country) Co. Penna.		SA	T COUNTRY?
George B. Keph	art	Jennie	Luther			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. S. [Yes, no, or unknown] [If yes, give wor or dates of service]		nformant s. Harry Haa	s - Chestert		, Md.	
PART I. DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), ond (c).] abetis Acid	os is			INTERVAL E	SETWEEN DESTH
Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost.	betes Melli	tus		7	or 8	years
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART	1(a) 19. WAS PERF YES	ORMED?
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t I or Port II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. White of work	Not while fo	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		(Co	ounly)	(State)
21. I certify that I attended the decease	ed from March 7	, 1957, to Mar	ch 7 157	hat I la	st saw the	deceased
actual SIGNATURE REALTH SIGNATURE	7, and that death	occurred at 2:00		d on the	e date stat	
PHYSICIAN'S Robert W. Far	r Cheste	rtown, Md.				
226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Barial Mar. IO, 195	22c. NAME OF CEMETERY C		ed. LOCATION (City, town, or coarfield Co.	7.	nna.	ote)
23. FUVERAL DIRECTOR SIGNATURE	ehestertown		9-A-7 Clas	AR'S SIGN	Bar	nes

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE

(County)

. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

2 min.

2 weeks

vears

PERFORMED? YES NOT

(Stote)

DATE SIGNED

Day

Days

ON A FARM?

YES NO NO

Year

19 57

CEPTIFICATE OF BEATH

BUREAU E.

MAR 20 1957

BURIAL 3-19-57 MT. ZIEN CEMTY STILL GEGELAED

PLACE OF DEATH

TO FUNERAL DISTRIBUTED POGE 3 should by

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o. COUNTY	Kent		MARY	LAND	o. STATE	rland	b. COUNTY	Ker	nt.		
RURAL ond give n		s, write	c. LENGTH OF STAY		c. CITY OR TOWN	If outside corpo				arest lown	n)
	TAL (If not in hospital, gi	ve street o	ddress)		d. STREET ADDRESS						FARM?
	Kent & Qu	een		1-	1 624	W. His	gh St.			YES [] NO □X
3. NAME OF DECEASED (Type or print)	WILLIA		Middle IOWARD P		INGTON	4. DATE OF DEATH	March	23	Do	'	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE		_	8. DATE OF BIRTH NOV. 14.1	.897	9. AGE (In years lost birthday) 59 yrs.	Months	Days	Hours	ER 24 HRS. Min.
ousual OCCUPATION during most of wor Fire Figh 3. FATHER'S NAME	king life, even if refired)		kind of Business of perdeen P		Grn. Ke	nt Co		12. CI		S.A	COUNTRY
Lec	mard A. P	emmi	mgton		Verma D	ella (larv				
1S. WAS DECEASEDEVE (Yes. no. or unknown) NO	ER IN U. S. ARMED FORG	rvice)	social security no $2-14-380$		Mary A. Pe		Add	ester	rtov	m.	Md.
	ATH [Enter only one country on		e for (o), (b), and (c). onary thro]					INT	ERVAL BE	DEATH
Conditions, if a gove rise to a couse (o), stating lying couse lost.	the under-	Со	ronary art	ery	disease			185	3	yea	rs
PART II. OT PART II. OT 20a. ACCIDENT W OR CONTRIBUTING UIF EITHER, NOTIFY	HER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(0) 1	PERFO	AUTOPSY ORMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature of injury	in Port I or Por	t II of item 18.)				
Y 20c. TIME OF INJUI Hour o. gr. p. m.	RY Month, Day, Yea	While	Not while of work	20e. Pl	ACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f. (City etc.)	or town)	(1	County)		(Stote)
21. I certify the alive on3-	hat I attended the -23	decease _, 12	E7		, 19 56 to Cheste	3-23 5 a _M , from ADDRESS (Secretown,	n the causes of treet, city or town,	nd on t	last so he da	te state	deceased ed above ATE SIGNE
PHYSICIAN'S NAME (Type)	A. C. I	DICK			.m.v	ertown					
220. BURIAL, CREMATIC REMOVAL (Specify Burial	3/25/57	7	St. Pau			22d. LOCAT	Fairle		arv	(Stote	
23. FUNERAL DIRECTOR Marvin V		s CI	ADDRESS nestertow		24a. Ri	EC'D BY REGIST					ine

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ě (03015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Regidence before admission) o. STATE Maryland
	b. CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest town) Chestertown 8 years 37 Chestertown
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SARAH ELIZABETH RILEY DEATH March 23 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH . 9. AGE (In your load birthdoy) 1877 9. AGE (In your load birthdoy) 1877 1877 1998 199
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 81RTHPUTE (Stote or foreign country) Wiscrift (Stote or foreign country) W, 5, a.
	13. FATHER'S NAME Rowsey 14. MOTHER'S MAIDEN NAME Hostetter
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, (You, no, or unknown) (If you, give wor or dates of service) Whis Jensey Lichtmoney Charleton, 200
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause DUE TO Letter al hypertension DUE TO
	couse lost. (c) Virtus o selectic Carde Vassallan descrit
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NOTE: 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year Hour o, m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stole) While Not while of work of wor
vol.	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . Culturally characteristic and the control of the
E(5)	EXAMINER'S ROBERT WEARRY M.D. DEPUTY MEDICAL EXAMINER M. 220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL CREMATION, 22b. DATE THEREOF CRUMPTON CEM. (City, town, or county) CRUMPTON, Q. A. C. M.D. 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REGISTRAR'S SIGNATURE CANNAL OF CHARGEST MAN DATE ARE SIGNATURE DATE ARE DESTRAR'S SIGNATURE CANNAL OF CHARGEST MAN DATE ARE DESTRACTOR OF CHARGEST MAN DATE OF CHARGEST M

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03022 CERTIFICATE OF DEATH
filed with	M	1. PLACE OF DEATH O. COUNTY O. STATE O.
funeral		b. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate/limits, write RURAL and give nearest town)
in by the	00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES NO
filled ges 1		3. NAME OF DECEASED (Type or print) S. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF RIPTH 9. AGE (In years, lif under 1 YEAR) IF UNDER 1 YEAR IF UNDER 24 HPS
campletely papers. Pa		F WIDOWED DIVORCED 2-18-1890 6 buhday) Months Days Hours Min.
	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or preign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
e g	1	Robert Joines anna Thomas
ling physic se remave n 72 hours	0	15. WAS DECEASED EVER IN M. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 THEORMANT/ Porce Hor or dates of service) 16. SOCIAL SECURITY NO. 17 THEORMANT/ Lottlet Scott Rock Hall, New
the attending Then please re event within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c].] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AN
signed by I permit. d in any		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) ** (b) ** (c) **
ng physicial e has been burial-transi remaval, an	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DEATH
tending ificate the the but		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)
tal ar at this cert r use as remation		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while of work at work at work 19 of work 19 Not work 19 N
R: After ached fo burial, co		21. I certify that I attended the deceased from Jan. 156, 19 , to Mars all 1954, that I last saw the deceased alive on 1000 13, 1957 and that death occurred at 930 AM, from the causes and on the date stated above
or ro	,	ACTUAL SIGNATURE THE COLOR STORES (Street, city or lawn store) ALL BATE-SIGNE SIGNATURE THE SIGNATURE THE STORE SIGNATURE THE SIGNATURE SIGNATURE THE SIGNATURE
SERAL DES 3 shoulds gistrar pri		PHYSICIAN'S WILLARD F. SMITH, MD.
may be reta O FUNERAL page 3 shou		220. BUPIAL, CREMATION, 221. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d OCATION/City, tout, or country (Stote)
S A1S (4) SM 9/SS	OX	23. FUNDAL DIRECTOR'S SIGNATURE LADBRESS SHILL MADATE 3/17/5-9/10/10/10/10/10/10/10/10/10/10/10/10/10/

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